PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

STG000110

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)								TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS			23	23				RATE	FEE]	RATE	FEE	
FOR			NUMBER	NUMBER FILED		ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2-3 mir	nus 20=	* ~	, >		X\$ 9=	22	OR	X\$18=		
<u> </u>	DEPENDENT CL	 		inus 3 =	* 0			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT			. 🗆		+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column					olumn 2	L	TOTAL	412	OR	TOTAL			
CLAIMS AS AMENDED - PART II										,	OTHER	THAN	
						(Column 3)		SMALL	ENTITY	OR	SMALLE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
		NTATION OF MU	JLTIPLE DEF	,ENDEN I	CLAIM			+145=		OR	+290=		
	7 9 16						L	TOTAL	<u> </u>	┨ _{╱╴} ┖	TOTAL		
	•						A	ADDIT. FEE		OR ,	ADDIT. FEE		
		(Column 1) CLAIMS		. (Colum		(Column 3)	ı r			1 /		1001	
AMENDMENT B] 	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			.115_			+290=		
·							L	+145= TOTAL		OR	+290= TOTAL		
								DDIT. FEE		OR ,	ADDIT. FEE	·	
	· · ·	(Column 1)				_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	F	X43=		ŀ	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* H		L	+145=		OR	+290=	•						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	f the "Highest Nurr	nber Previously Pai	id For" IN THIS	S SPACE is	less than	20, enter "20."	A			OR A			